

Department of Permitting Services Division of Building Construction 255 Rockville Pike, 2nd Floor Rockville, MD 20850-4166

Phone: 311 in Montgomery County or (240) 777-0311

Fax (240)-777-6262

http://www.montgomerycountymd.gov/permittingservices



## **Application for Vendors License**

A. Type of License		
LICENSE NO:	CONTACT I.D. NO:	<del></del>
□ Door-to-Door Vendor □ Site Specific Vendor □ Regular Route Vendor □ Sidewalk Vendor / Pushcart		
B. Applicant Information		
Name of Applicant		Daytime Phone #
Address	City	State Zip
Business Name	Day Phone # _	Evening Phone #
Contact Person		Daytime Phone #
C. Vendor Applicant Only		
Name of Cross Street: Zone:		□ CAP   □ Signs   □ ROW     □ M Site   □ Private Property
Types of Goods Being Sold:		CHECK THOSE THAT APPLY BELOW  One Day License
No. of Photo ID's: Additional	al Operator Photo ID's:	☐ Sixty Day License
Days of the Week:		_
Hours Open From:	to	One Year License
		Agricultural Cert. Required
		☐ Health Dept. Cert. Required
		☐ Bond Required
D. Affidavit		
I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6.13 of Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.		
Signature of Applica	nt	Date
District Nove of Applica		
Printed Name of Applica	nt	
Approved:		Date
Disapproved:		Suite
Revoked:		